

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 593307

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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22						
23	1		1			
24						
25	2		1			
26	2		1			
27	2		1			
28						
29	1		1			
30	1		1			
31	1	1	1	1		
32	1	1	1	1		
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50						
TOTAL IND.	3		3			
TOTAL DEP.	36	←	29	←	←	
TOTAL CLAIMS	39		32			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	←